

MILITARY TECHNOLOGY MUSEUM OF NEW JERSEY VOLUNTEER APPLICATION

BASIC INFORMATION (All fields are required)

NAME _____ DATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (HOME) _____ (CELL) _____
E-MAIL _____ OCCUPATION _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____
PHONE NUMBER(S) _____

AVAILABILITY (Please check all that apply)

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
 SATURDAY SUNDAY
 MORNINGS AFTERNOONS EVENINGS
 Cons

WHICH DEPARTMENTS WOULD YOU BE INTERESTED IN VOLUNTEERING?

- SPECIAL EVENTS SITE DOCENT
 PARADES VOLUNTEER WHERE NEEDED
 EDUCATION/WORKSHOPS
 COLLECTIONS MANAGEMENT
 VEHICLE COLLECTION DEMONSTRATOR
 HISTORICAL RE ENACTMENT

WHAT BROUGHT THE MILITARY TECHNOLOGY MUSEUM VOLUNTEER PROGRAM TO YOUR ATTENTION?

PLEASE DESCRIBE ANY SPECIAL TALENTS, INTERESTS, HOBBIES, CERTIFICATION, OR

SKILLS YOU POSSESS THAT MIGHT BE USEFUL IN YOUR VOLUNTEER EXPERIENCE AT THE MILITARY TECHNOLOGY MUSEUM.

ARE THERE ANY PHYSICAL LIMITATIONS THAT WE SHOULD CONSIDER BEFORE ASSIGNING YOU A POSITION? PLEASE DESCRIBE.

PREVIOUS OR CURRENT WORK/VOLUNTEER EXPERIENCE:

Please return your volunteer application along with your resume to:

EMAIL: volunteer@mtmnj.org
MAIL: Military Technology Museum of New Jersey
Building 9011
2201 Marconi Road
Wall Township, New Jersey 07719
Attn: Volunteer Coordinator